

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James A. Shayman

Application No.: 10/824,708

Group: 1626

Filed: April 15, 2004

Examiner: Janet L. Coppins

Confirmation No.: 7244

For: AMINO CERAMIDE-LIKE COMPOUNDS AND THERAPEUTIC  
METHODS OF USE

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>8/16/05</u>	<u>Pamela Sarno</u>
Date	Signature
<u>PAMELA SARNO</u>	
Typed or printed name of person signing certificate	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply to Restriction Requirement and Preliminary Amendment for filing in the above-identified application.

[ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE	
TOTAL	31	MINUS *	31	0	X \$ 25	\$		X \$50	\$	
INDEP	3	MINUS **	3	0	X \$100	\$		X \$200	\$	
					+ \$180	\$		+ \$360	\$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM										
					TOTAL= \$		0	TOTAL= \$		0

\* not fewer than 20  
\*\* not fewer than 3

The Application Size Fee has been calculated as shown below:  
(Effective for cases filed on or after December 8, 2004)

			SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to  <input type="text"/> Sheets
Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$125	\$[ ]	X \$250	\$[ ]	

### Petition for Extension of Time

- [ X ] Applicant hereby petitions to extend the time to respond to the Office Action dated May 16, 2005 for two months from June 16, 2005 to August 16, 2005. The appropriate fee is set forth below.
- [ ] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

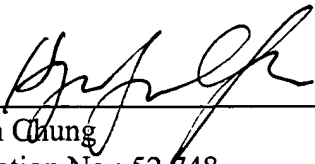
**A check is enclosed in payment of the following fees:**

<input checked="" type="checkbox"/>	Petition for two months Extension of Time	\$	<u>450</u>
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>450</u>

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By   
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Dated: 8-16-05